IOWA DEPARTMENT OF PUBLIC HEALTH

Bureau of Radiological Health/5th Floor 321 East 12th Street Des Moines, IA 50319

PERMIT NO:	
	(Assigned by IDPH)

APPLICATION FOR A PERMIT TO OPERATE A TANNING FACILITY AND EQUIPMENT

Complete this application and send it to the address above with proof of owner testing and \$5 in a check or money order made payable to IDPH.

FAC	CILITY INFORMATION: Please print or type.				
1.	FACILITY NAME				
2.	MANAGER'S NAME				
2.	STREET ADDRESS:				
3.	CITY:COUNTY				
4.	MAILING ADDRESS:(if different from location)				
5.	TELEPHONE for facility:/				
6. If ye	Is the facility offering tanning sessions under the 24 hour/electronic tanning rules? [] yes [] no s, an inspection must be scheduled before tanning sessions may be offered.				
OW	NER INFORMATION: all information pertains to owner of the facility.				
1.	NAME:				
2.	TELEPHONE NO:/				
1.	I verify that the information included in this application and the enclosures are truthful and accurate.				
2.	I will notify the IDPH within 30 days of any changes, additions, or deletions to this application. The permit is not transferable to another owner.				
3.	I understand that the permit does not imply approval or disapproval of this facility.				
4.	I have included a copy of proof of completion of the monitored exam and \$5 application fee.				
Own	er's signature Date				

TANNING DEVICE INFORMATION: Complete the information for each tanning device. List bed or booth but do not list equipment such as protective eyewear, timers, and handrails. Add an additional page if you have more than four units.

	e = 1) bed, $2)$		
1.	Type	Manufacturer of device	Manufacturer date (year)
2.	Турс	ivialidate of device	Manufacturer date (year)
	Type	Manufacturer of device	Manazaetarer date (Jear)
3.	Type	Manufacturer of device	Manufacturer date (year)
4.	1),00		Manufacturer date (year)
	Type	Manufacturer of device	
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		ve completed the items below for	Thy opcome tarming arms and lacinty.
Sigr	nature of Ov	vner/manager	Date